



PARENT ACTIVITY SHORT FORM GUIDE

For each question, choose one of the answers below that best describes your child:

Unable to do = My child cannot do this on his/her own and if he/she needs to do this, he/she always need someone's full help.

Much Difficulty = My child is able to do this only with extra time and very strong effort. He/she almost always needs someone's help.

Some Difficulty = My child is able to do this some of the time, but may need extra time, and it may take a good effort. He/she often needs someone's help.

Little Difficulty = My child is able to do this almost all of the time, but may need extra time and it may take a little effort. He/she doesn't usually need someone's help.

Without Difficulty = My child is able to do this without someone's support or help.

Now that you know what each answer means, use this to help you answer the questions.

Child's Name: _____

Date _____

Parent General Mobility

Select the choice that best describes your child.	Unable to Do	Much Difficulty	Some Difficulty	Little Difficulty	Without Difficulty	Item Score
1. My child can move out of a tub.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
2. Bumping means to go up the stairs on your bottom. My child can bump up the stairs.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
3. My child can move off a toilet.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
4. My child can move off a shower chair.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
5. My child can hold a door open while moving into a room.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
6. My child can move from lying in bed to sitting at the edge.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
7. My child can move from sitting at the edge of the bed to lying down.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
8. My child can move himself/herself in bed.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
9. When sitting at the edge of my bed, my child can lean forward to reach for something.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Total Raw Score						
Standardized (T-Scale) Score						

PEDI-SCI Score Transformation Table

Parent General Mobility Raw Score	T-Scale	Standard Error
0	28.47	4.49
1	32.26	3.26
2	33.72	3.09
3	35.3	2.69
4	36.55	2.45
5	37.65	2.26
6	38.61	2.15
7	39.5	2.07
8	40.32	2.02
9	41.1	1.99
10	41.85	1.97
11	42.56	1.96
12	43.26	1.95
13	43.95	1.95
14	44.62	1.95
15	45.29	1.95
16	45.95	1.96
17	46.6	1.96
18	47.25	1.97
19	47.9	1.99
20	48.55	2.01
21	49.21	2.04
22	49.88	2.07
23	50.57	2.12
24	51.28	2.17
25	52.01	2.23
26	52.77	2.3
27	53.56	2.39
28	54.39	2.49
29	55.26	2.6
30	56.23	2.75
31	57.28	2.94
32	58.53	3.28
33	59.56	3.22
34	61.17	3.45
35	63.28	3.77
36	67.82	5.11